

CHOOSING AN ASSISTED LIVING FACILITY



STATE OF WISCONSIN
Department of Health Services

Division of Quality Assurance
Bureau of Assisted Living

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CHOOSING AN ASSISTED LIVING FACILITY

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I. INTRODUCTION

At some point in your life, you may be faced with making a decision about an assisted living facility for yourself, a family member, or a friend.

There are over 1,500 licensed community based residential care facilities (CBRFs), 1,497 adult family homes (AFHs), and 300 residential care apartment complexes (RCACs) in Wisconsin. Facilities may be owned by individuals, corporations, religious groups, and county governments. They may be private or public, for-profit or not-for-profit, but all must meet applicable licensing standards.

The Division of Quality Assurance is responsible for licensing, certifying, or registering all assisted living facilities in Wisconsin and has designed this publication as a tool to help you learn more about assisted living facilities, how to choose them, and how to use them.

II. ASSISTED LIVING FACILITY Q & A

WHAT IS AN ASSISTED LIVING FACILITY?

“Assisted Living Facility” is a term that encompasses three types of facilities licensed, certified, or registered by the Department of Health Services. All assisted living facilities combine housing with services to help people remain as independent as possible. A brief definition of each facility type follows:

Community Based Residential Facility (CBRF)

A CBRF is a place where

- five or more adults, not related to the operator or administrator,
- do not require care above intermediate level nursing care,
- reside and receive care, treatment, or services above the level of room and board, but that
- provides not more than three hours of nursing care per week per resident.

CBRFs are regulated under Chapter DHS 83, Wis. Admin. Code.

There are three sizes of CBRFs based upon the number of residents; small (5-8), medium (9-20), and large (21 or more). They also differ by class, which is determined by the resident’s ability to move about (ambulation), to follow directions (mental capacity), and to act for self-preservation under emergency conditions.

Adult Family Home (AFH)

An AFH is a place where

- three or four adults, not related to the licensee,
- reside and receive care, treatment, or services above the level of room and board, but that
- provides not more than seven hours of nursing care per week per resident.

AFHs are regulated under Chapter DHS 88, Wis. Admin. Code.

AFHs are characterized in two ways: (1) those AFHs where the owner/licensee lives on the premises and provides resident care; and (2) AFHs that are owned by an entity that provides shift staff.

Residential Care Apartment Complex (RCAC)

A RCAC is a place where

- five or more adults
- reside in independent apartments, each of which has an individual lockable entrance and exit, a kitchen which includes a stove, and individual bathroom, sleeping, and living areas, but that
- provides not more than 28 hours of supportive, personal, and nursing services per week per resident.

RCACs are regulated under Chapter DHS 89, Wis. Admin. Code.

RCACs must be either registered or certified. Registered RCACs serve only private pay tenants, while certified RCACs may serve tenants who are eligible for public funding.

WHO SHOULD CONSIDER AN ASSISTED LIVING FACILITY?

The need for some type of lifestyle change is usually first indicated when a person has difficulty in one or more of the following areas:

- Self-care,
- Diminishing health, physical, or mental abilities,
- Lack of community support services, or
- Family not available to provide care or supervision.

If your loved one is not ready to move into an assisted living facility, you may wish to consider seeking adult day care services. Adult day services offer programs designed to meet the needs of functionally or cognitively impaired adults. These structured, comprehensive programs provide a variety of health, social, and other related support services in a protected setting during the day. Adult day centers generally operate five days a week. Services provided in an adult day care setting may include personal care, meals, medication administration, and activities designed to meet physical, social, and leisure time needs.

In Wisconsin, adult day care centers are not licensed, but may be certified. If the center serves one or more participants who receive public funding, certification by the Department of Health Services is required. Certification standards for adult day care centers can be found at

http://dhs.wisconsin.gov/rl_dsl/AdultDayCare/ADCregs.htm

Adult day care services may be provided in family homes, free-standing centers, and multi-use facilities such as churches, schools, and senior centers.

WHAT GROUPS OF PEOPLE ARE SERVED BY ASSISTED LIVING FACILITIES?

It is suggested that an assisted living facility provide services to a specialized group of people in order to meet their unique needs. The people served by assisted living facilities include, but are not limited to, the following:

- The frail elderly and elderly persons with dementia,
- Developmentally disabled,
- Persons with a controlled mental or emotional disorder,
- Persons recovering from chemical dependency,

- Persons with physical disabilities,
- Persons with traumatic brain injury,
- Persons with AIDS, and/or
- Pregnant women needing counseling.

HOW DO RESIDENTS PAY FOR THEIR CARE AND SERVICES?

Medicare does not cover services in an assisted living facility. Payments may come from a variety of sources, including, but not limited to, the following:

- Personal resources including savings accounts, pensions, insurance, veterans care benefits, or Social Security and related benefits such as SSI and SSI-E.
- State and federal funding for home and community based long term care may be available for eligible participants through state programs, such as “The Community Options Program (COP)”, the Medicaid Home and Community Based Waiver program, and Family Care. Funding for these programs is limited, and not all facilities are eligible. For specific policies, contact your county Human Services or Social Services Department for more information **prior to moving into an assisted living facility.**
- Local community aids/county levy funding may be available from county Departments of Social Services, Human Services, or County Boards to persons who qualify.

Assisted living facilities will want to know how you will pay for your care. They will ask you to sign an admission agreement specifying the payment arrangement.

WHAT SERVICES CAN YOU EXPECT FROM AN ASSISTED LIVING FACILITY?

Assisted living facilities are required to provide or arrange these five basic services to all residents, if needed:

- Health monitoring,
- Assistance with medications,
- Information and referral services,
- Leisure time services, and
- Personal care services such as help with dressing, eating, bathing, grooming, toileting, and mobility.

Additional services may be provided in an assisted living facility to assist residents with their personal needs and goals, such as transitioning to more independent living, counseling, transportation, money management, etc. Services may vary significantly. It is important to evaluate the facility, not only based upon current needs, but also future needs.

WHAT WRITTEN DOCUMENTATION SHOULD YOU ASK TO SEE?

1. Program Statement (CBRF and AFH)
2. Admission Agreement
3. Individual Service Plan
4. Resident Rights list
5. Complaint Procedure
6. Risk Agreement (RCAC only)

III. ASSISTED LIVING FACILITY INFORMATION SOURCES

- **YOUR COUNTY SOCIAL SERVICE / HUMAN SERVICE AGENCY**
 - **DIVISION OF QUALITY ASSURANCE (DQA) REGIONAL OFFICE**
http://dhs.wisconsin.gov/rl_DSL/Contacts/alsreglmap.htm
 - **BOARD ON AGING AND LONG TERM CARE / OMBUDSMAN PROGRAM**
<http://dhs.wisconsin.gov/aging/boaltc/ltcombud.htm>
1-800-815-0015
 - **PROVIDER ASSOCIATIONS**
http://dhs.wisconsin.gov/rl_dsl/RelatedSites/provassoc.htm
 - **ADVOCATE AGENCIES**
http://dhs.wisconsin.gov/rl_dsl/RelatedSites/consumgrps.htm
-

IV. ASSISTED LIVING FACILITY LIST

Should you decide on assisted living care, you may want to visit several facilities before making your final choice. Use this list to gather general information about the facilities you want to visit.

Facility 1: _____

Location: _____

Telephone Number: _____

Contact Person/Title: _____

Appointment Date: _____ Time: _____

Facility Size (Beds/Apartments): _____

Facility 2: _____

Location: _____

Telephone Number: _____

Contact Person/Title: _____

Appointment Date: _____ Time: _____

Facility Size (Beds/Apartments): _____

Facility 3: _____

Location: _____

Telephone Number: _____

Contact Person/Title: _____

Appointment Date: _____ Time: _____

Facility Size (Beds/Apartments): _____

Facility 4: _____

Location: _____

Telephone Number: _____

Contact Person/Title: _____

Appointment Date: _____ Time: _____

Facility Size (Beds/Apartments): _____

V. ASSISTED LIVING FACILITY CHECKLIST

This checklist encourages you to ask questions and make observations during your facility tour. The questions are designed to assist you in determining whether a particular home is compatible with an individual's life style and whether it provides the services that will meet his/her needs. (These questions are separate from the specific licensing requirements.)

FACILITY

PHYSICAL STRUCTURE

- Does the home or apartment appear to be safe and secure?
- Are telephones available?
- Can or do residents/tenants have telephones in their rooms/ apartments?
- Are halls free of obstacles (furniture, equipment)?
- Are exits unobstructed and easy to reach?
- Are fire extinguishers visible?
- Is there an exit diagram plan posted?
- Are drills held at least quarterly?
- Are floors clean and non-slippery?
- Are there any obvious odors?
- Are doorways/hallways, rooms big enough to accommodate wheelchairs?
- Is the temperature in the facility comfortable?
- Can residents regulate the temperature of their own room/apartment?
- Is heat/electric/cable included?

1		2		3		4	
Yes	No	Yes	No	Yes	No	Yes	No
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N

STAFF

- Does the home have a current state license/certification/registration?
- Do staff know the residents/tenants?
- Do staff show interest in individual residents/tenants?
- Do residents/tenants talk freely with staff?
- Are residents/tenants treated with respect and dignity?
- Is privacy respected (knocking before entering rooms)?
- Are calls for assistance responded to quickly?
- Is the appearance of staff neat and clean?
- Does there appear to be enough staff to meet residents'/tenants' needs?

Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N

Who is the owner of the facility?

Facility 1 _____

Facility 2 _____

Facility 3 _____

Facility 4 _____

1		2		3		4	
Yes	No	Yes	No	Yes	No	Yes	No
Y	N	Y	N	Y	N	Y	N

Is the facility locally owned?

Who is responsible for the facility operation? How often is he/she in the building?

Facility 1 _____

Facility 2 _____

Facility 3 _____

Facility 4 _____

What is the educational and professional experience of the administrator?

Facility 1 _____

Facility 2 _____

Facility 3 _____

Facility 4 _____

Is there a nurse on staff?

Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N

Is the nurse an RN?

How often is the nurse in the building?

Facility 1 _____

Facility 2 _____

Facility 3 _____

Facility 4 _____

How are maintenance issues handled?

Facility 1 _____

Facility 2 _____

Facility 3 _____

Facility 4 _____

RESIDENTS

- Do residents/tenants appear generally happy?
- Do residents/tenants appear to receive good care?
- Do residents/tenants appear to respect each other?

1		2		3		4	
Yes	No	Yes	No	Yes	No	Yes	No
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N

HEALTH RELATED SERVICES

- If desired, will the facility control residents'/tenants' medications?
- Can residents/tenants retain their personal physician?
- Does the facility assume responsibility for making medical appointments if residents are unable to?
- Does the facility provide transportation for medical appointments? Is there a charge?
- Does the facility have a plan to respond to medical emergencies and dental needs?
- Are staff trained in the provision of emergency First Aid?
- What happens if health changes? Will the facility provide additional services or arrange for home health care?
- Will the facility provide or arrange for specialized therapies if needed?

Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N

RESIDENT BEDROOMS OR APARTMENTS

- Will the room/apartment shown appear to meet his/her needs?
- Are rooms/apartments attractive, clean, well-lit, well-ventilated?
- Can residents/tenants use their own furnishings in their room?
- Is there a bedside stand, reading light and chest of drawers for each resident?
- Is closet space/storage space sufficient?
- Are provisions made for privacy?
- Is there space for private visits in the home?
- Are there private bedrooms?
- Are there private bathrooms?
- Are cupboards easy to reach and electrical outlets conveniently located?

Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N

BATH AND SHOWER ROOMS

- Are bathrooms conveniently located?
- Are bathrooms clean, well-maintained and odor-free?
- Are handgrips or rails near toilet and bathing areas if needed by the residents?
- Do bathrooms have showers or tubs?
- Are bathrooms equipped with locks for privacy?

Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N

How many people share a bathroom?

Facility 1 _____

Facility 2 _____

Facility 3 _____

Facility 4 _____

How and how often do residents/tenants take baths/showers?

Facility 1 _____

Facility 2 _____

Facility 3 _____

Facility 4 _____

Are there emergency pull cords?

1		2		3		4	
Yes	No	Yes	No	Yes	No	Yes	No
Y	N	Y	N	Y	N	Y	N

OTHER LIVING AREAS

Are other living areas sufficient in size for the number of people in the facility?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Is there sufficient space for visitors, conversation, TV watching and quiet reading?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Are living areas clean, comfortable and furnished and generally pleasant?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

What is the smoking policy in the facility?

Facility 1 _____

Facility 2 _____

Facility 3 _____

Facility 4 _____

Does the facility have amenities such as a beauty shop, store, fitness area, bank?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

LEISURE TIME ACTIVITY

Are activity calendars posted?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Do activities include a variety of interests?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Are planned activities appropriate to the age and abilities of the residents/tenants?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

How often are there planned outings?

Facility 1 _____

Facility 2 _____

Facility 3 _____

Facility 4 _____

Do residents/tenants participate in planning the activities?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Are residents/tenants encouraged to participate in community activities?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Does the facility provide transportation to community activities?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Are arrangements made for residents/tenants to attend religious services and to practice their beliefs?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Are escorts to programs and meals available, if needed?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

PERSONAL CARE

Does the facility provide help with bathing, getting in and out of bed, care for hair and teeth, dressing, exercise, and other personal care needs if residents require it?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Does the facility teach personal care activities to improve independent functioning such as feeding, grooming and dressing if needed?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

KITCHEN AREA (CBRFs and AFHs)

Is the kitchen clean, well lighted and well organized?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Are foods stored in a clean, dry area?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Do staff handle food in a safe, sanitary manner?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Can residents use the kitchen?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

DINING AREA

Is the dining area pleasant, comfortable, clean and easily accessible?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Is it large enough to hold the majority of residents/tenants?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Is the atmosphere relaxing (so that mealtimes do not appear chaotic and rushed)?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Can residents/tenants choose where and with whom they will eat?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Are tables convenient for wheelchairs when needed?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Ask to eat a meal in the dining room. Was the food good? Experience enjoyable?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

MENUS AND FOOD

Is a menu available? Did the home serve what was on the menu?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Does the facility monitor nutritional needs and provide modified diets when needed?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Are hot foods served hot and cold foods served cold?

Y	N	Y	N	Y	N	Y	N
---	---	---	---	---	---	---	---

Are dishes and silverware used (instead of disposable plates and utensils)?

Does the food appear appetizing?

Do meals appear to be nutritionally balanced?

Are fresh fruits and vegetables served in season?

Do residents/tenants appear to enjoy their meals?

Is food served family style or do staff determine portion sizes?

Are residents/tenants able to have snack foods and/or soft drinks in their bedrooms?

Are provisions made for residents/tenants who are ill and unable to eat in the dining room?

Do residents/tenants have input into meal planning?

Who plans the meals?

Facility 1 _____

Facility 2 _____

Facility 3 _____

Facility 4 _____

WRITTEN DOCUMENTS AVAILABLE TO RESIDENTS

Is there a program statement (CBRFs and AFHs)?

Do the program and services appear to be appropriate to meet the needs of the prospective resident?

Does the admission agreement clearly specify:

Services provided in the monthly rate?

Daily or monthly rate?

Additional charges for services not covered in the rate?

Thirty-day notice for a change in the rate or service?

When payment is to be made?

What the refund policy is?

Does the facility have a resident's bill of rights and complaint procedure?

Did the facility have any complaints in the past year?

If so, were they resolved?

Does the facility have Wisconsin Administrative Codes governing the applicable facility available for review?

1		2		3		4	
Yes	No	Yes	No	Yes	No	Yes	No
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N

Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N

VI. NOTES

FACILITY 1

FACILITY 2

FACILITY 3

FACILITY 4
